

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049038

1. Entity Name

SEAGROVE INTERIORS, INC.

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90024 029 ***150.00

Principal Place of Business

Mailing Address

4935 E HWY 30A
SUITE 4
SEAGROVE BEACH FL 32459

4935 E HWY 30A
SUITE 4
SEAGROVE BEACH FL 32459

2. Principal Place of Business

3. Mailing Address

P.O. Box 1760

P.O. Box 1760

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SANTA ROSA Beach, FL

City & State

SANTA ROSA BEACH, FL

4. FEI Number

59-3402632

Applied For

Not Applicable

Zip

32459

Country

WALTON

Zip

32459

Country

WALTON

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLOWAY, CAROL
4935 E HWY 30A
SUITE 4
SEAGROVE BEACH FL 32459

Name

Street Address (P.O. Box Number is Not Acceptable)

8588 Ludlum Rd.

City

LAUREL Hill

FL

Zip Code

32567

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HOLLOWAY, JAMES A
4935 E HWY 30 A #4
SEAGROVE BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8588 Ludlum Rd.
Laurel Hill, FL 32567 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
HOLLOWAY, CAROL
4935 E HWY 30 A #4
SEAGROVE BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
same ☒ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol Holloway

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-2000

Date

850-
837-4184

Daytime Phone #

CR2E034 (9/99)